2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT	#P010000618	860
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Entity Name

METAL SPINNING SYSTEMS, INC.



Principal Place of Business

Mailing Address

14250 S.W. 136TH ST., UNIT #2 MIAMI, FL 33186 14250 S.W. 136TH ST., UNIT #2 MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1135521 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

5. Name and Address of Current Registered Agent

KANZIGER, ROBERT A ESQ. 9130 SOUTH DADELAND BLVD. TWO DATRAN CENTER, STE. 1705 MIAMI, FL 33156

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 							
SIGNATURE Signature. typed or printed name of registered egent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finite Trust Fund Contribution			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCAFORT, MANUEL 14250 S.W. 136TH ST., UNIT #2 MIAMI, FL 33188			•	U00000740777		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000749773 05/18/07-80036-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1911 - 1914					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							